

# Bringing Evidence-Based Strategies to Campus: Prevention Planning with CollegeAIM



@cshrb\_uw

**Jason R. Kilmer, Ph.D.**  
**University of Washington**  
Associate Professor  
**Psychiatry & Behavioral Sciences**  
Adjunct Associate Professor  
**Psychology**

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## Overview of today

- Thank you to Melissa Butler, Haley Irons, Megan Hopkins, and Linda Major
- Thank you to all of you for doing what you do to support your campus community
- What I said I was asked to address:
  - "Our members have requested more information on the NIAAA Matrix, so that would be the topic of discussion."
- What I said I'd cover:
  - The College Alcohol Intervention Matrix (CollegeAIM) reviews over 60 individually- and environmentally-focused strategies for reducing alcohol-related harms on college campuses. In this keynote presentation, we will review how partners across campus can work together to select a mix of strategies, with a focus on individually-focused programs with higher effectiveness.

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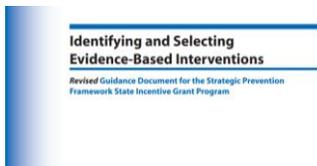
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## What counts as "evidence-based"?



Center for Substance Abuse Prevention (CSAP) (2009). *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. HHS Pub. No. (SMA)09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

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**Three definitions of “evidence-based” from CSAP/SAMHSA**

- (1) Inclusion in Federal registries of evidence-based interventions
- (2) Reports with positive effects on variables of interest in peer reviewed journals
- (3) Documented effectiveness supported by four additional guidelines

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When selecting interventions based on other sources of supporting information, all four of the following guidelines should be met:

- **Guideline 1:** The intervention is based on a theory of change that is documented in a clear logic or conceptual model;

CSAP (2009), p. 18

Center for Substance Abuse Prevention (CSAP) (2009). *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. HHS Pub. No. (SMA)09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

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- **Guideline 2:** The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;

CSAP (2009), p. 18

Center for Substance Abuse Prevention (CSAP) (2009). *Identifying and Selecting Evidence-Based Interventions Revised Guidance Document for the Strategic Prevention Framework State Incentive Grant Program*. HHS Pub. No. (SMA)09-4205. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration.

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- **Guideline 3:** The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; and

CSAP (2009), p. 18

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- **Guideline 4:** The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review, local prevention practitioners, and key community leaders as appropriate (e.g., officials from law enforcement and education sectors or elders within indigenous cultures).

CSAP (2009), p. 18

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**College student drinking hit the radar of researchers in 1945**

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**Fry, C.C. (1945) A note on drinking in the college community. Quarterly Journal of Studies on Alcohol, 6, 243-248.**

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**Fry (1945)**

- "These parties are often attended by faculty members, some of whom are selected to respond to the chant, 'Old Prof. \_\_\_\_\_ is in the alcohol ward \_\_\_\_\_, Drink, Drink, Drink.' Cheers, or moans, and laughter follow this performance according to the speed with which the professor empties [their] glass. These parties break up after a few hours of song and good fellowship.

*They do not occur often, but are part of the life of colleges and are accepted by the community as such.*" (p. 244)



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### Fry (1945)

- "Wine is often served at fraternity dinners in the hope that members will learn to appreciate proper wines with food." (p. 244)
- "Although milk and soft drinks are extremely popular in American colleges – the consumption of them being greater than other beverages – a special snobbism is sometimes to be associated with the appreciation and knowledge of fine wines." (p. 244)



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### Fry (1945)

- Warns that a "state of intoxication" could be the primary purpose of some events.
- Discusses the opportunity for returning veterans to attend college, and speculates on the role alcohol might play related to coping when under pressure in the college setting.

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### Just Say No

- "Just Say No..."
- In 1982, while speaking with schoolchildren in Oakland, California, First Lady Nancy Reagan was asked what to do if someone were to be offered drugs.
- She answered, "Well, you just say no."
- By the end of President Reagan's term, over 12,000 "Just Say No" clubs had started



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Just Say No

- However, research at the time on prevention strategies acknowledged that while knowledge might increase following involvement in a program, attitudes were more difficult to change, and most studies showed no change in actual patterns of use (Hanson, 1982).

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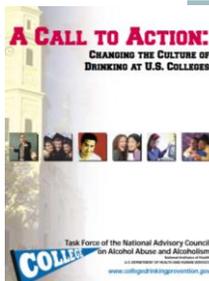
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<https://www.collegedrinkingprevention.gov/media/TaskForceReport.pdf>

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COLLEGEAIM



[www.collegedrinkingprevention.gov/CollegeAIM](http://www.collegedrinkingprevention.gov/CollegeAIM)

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Click on strategies to print for reference or discussion

**Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other**

PNF programs provide all students with personalized information about their alcohol use in comparison with actual use by their peers. This information is represented graphically (with charts and text, showing personal behavior juxtaposed with normative information). Delivery of PNF interventions is done without the involvement of a facilitator, and students are allowed to consider this information on their own.

**Effectiveness:** ●●● = High  
**Cost:** \$ = Low  
**Barriers:** 0 = None  
**Research Amount:** \*\*\*\* = 10 studies

**Public Health Reach:** Broad  
**Primary Modality:** Online/Video  
**Staffing Expertise Required:** Coordinator  
**Target Populations:** Residents, Greek groups, all students  
**Duration of Effects:** Short-term (< 6 months), long-term (> 6 months), effects

Use the FAQs to learn more about generic PNF strategies and how to develop and implement them.

**Potential Resources:**  
 For information about intervention designs and implementation, check the articles in the References tab. Also see the FAQs for more information on generic PNF interventions.

**References:**  
 Larimer, M.E., and Cronce, J.M. Identification, prevention, and treatment revisited: Individual-focused college

www.collegedrinkingprevention.gov/CollegeAIM

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**INDIVIDUAL-LEVEL STRATEGIES: Revised and Updated\***  
 Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; Research Amount; and Primary Modality\*

COLLEGEAIM

**COSTS: Combined program and staff costs for adoption/implementation and maintenance**

Higher effectiveness	Lower costs \$	Mid-range costs \$\$	Higher costs \$\$\$
<p><b>ND-3</b> Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other* (JG, 8, ****, online/Video)</p> <p><b>ND-10</b> Skills training, alcohol focus: Self-monitoring/self-assessment alone (JG, 8, C, ****, online/Video)</p> <p><b>ND-24</b> Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG) (JG, 8, ****, online)</p>	<p><b>ND-9</b> Skills training, alcohol focus: Goal/intention-setting alone* (JG, 8, C, ***)</p> <p><b>ND-14</b> Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP) (JG, 8, C, ****, PFI)</p> <p><b>ND-18</b> Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) (JG, 8, ****, PFI)</p> <p><b>ND-26</b> Personalized feedback intervention (PFI): Generic/other* (JG, 8, ****, online)</p>	<p><b>ND-19</b> Multi-component education-focused program (MCEFP): AlcoholEdu® for College® (JG, 8, ****, online)</p> <p><b>Interventions Delivered by Health Care Professionals</b>                      Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems.  <b>ND-27</b> Screening and subsequent treatment</p>	

- Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other
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**INDIVIDUAL-LEVEL STRATEGIES: Revised and Updated\***  
 Estimated Relative Effectiveness, Costs, and Barriers; Public Health Reach; Research Amount; and Primary Modality\*

COLLEGEAIM

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**Prevention strategies:**

**Personalized Normative Feedback (PNF) and  
Personalized Feedback Intervention (PFI)**

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**Norms Clarification**

**Examines people's perceptions about:**

**Injunctive Norms:**

- Attitudes
- Acceptability of behaviors

**Descriptive norms**

- Perceptions about the prevalence of substance use among peers
- Perception about the rate of substance use by peers



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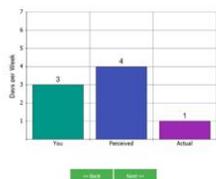
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**PNF (Personalized Normative Feedback)**

**Number of Drinking Days in a Typical Week**

How do you compare to the typical female community college student?



**Typically delivered web-based/online**

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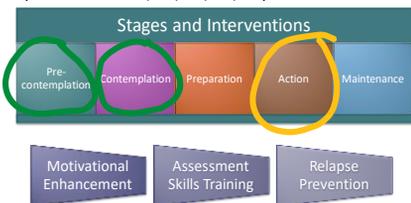
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### The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)



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### The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)



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### The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)



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## The Stages of Change Model

(Prochaska & DiClemente, 1982, 1984, 1985, 1986)



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## Motivational Interviewing

### Basic Principles

(Miller and Rollnick, 1991, 2002)

1. Express Empathy
2. Develop Discrepancy
3. Roll with Resistance
4. Support Self-Efficacy



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## Motivational Enhancement Techniques: Group Settings

- Non-judgmental, non-confrontational
- Cast a wide net to be inclusive of audience
- Ask open-ended questions as much as possible
- Reflect when possible – this remains key
- Consider “hooks” for the group
- Elicit personally relevant reasons for change
- Let group generate protective behavioral strategies, then fill in what they miss

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### Specific Tips for Reducing the Risk of Alcohol Use

- Set limits
- Eat prior to or while drinking
- Keep track of how much you drink
- Space your drinks
  - Alternate alcoholic drinks w/non-alcoholic drinks
- Avoid trying to “out drink” or keep up with others
- Avoid or alter approach to drinking games
- If you choose to drink, drink slowly
- Use a designated driver
- Don’t accept a drink when you don’t know what’s in it
- Have a friend let you know when you’ve had enough
- Avoid combining alcohol with marijuana (or other substances)

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**INDIVIDUAL-LEVEL STRATEGIES: Revised and Updated\***  
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**COLLEGEAIM**

**COSTS: Combined program and staff costs for adoption/implementation and maintenance**

	Lower costs \$	Mid-range costs \$\$	Higher costs \$\$\$
<b>ND-3</b> Normative re-education (Electronic/mailed personalized normative feedback (PNF)—Generic/other) (R, 5, ****, 100min)	<b>ND-9</b> Skills training, alcohol focus (Self-monitoring/self-assessment) (R, 1, **, 10)	<b>ND-14</b> Skills training, alcohol plus general life skills (Alcohol Skills Training Program (ASTP)) (R, 1, **, 10)	<b>ND-19</b> Multi-component education-focused program (MCEFP) AlcoholEdu® for College (R, 5, **, 100min)
<b>ND-10</b> Skills training, alcohol focus (Self-monitoring/self-assessment) (R, 2, C, ***, 100min)	<b>ND-18</b> Brief motivational intervention (BMI)—in-person—individual (e.g., BASICS) (R, 1, **, 10)	<b>ND-26</b> Personalized feedback intervention (PFI) (Generic/other) (R, 5, ****, 100min)	<b>Interventions Delivered by Health Care Professionals</b> Strategies in which health care professionals identify and help students whose drinking patterns put them at risk for harm, or who are already experiencing alcohol-related problems.
<b>ND-24</b> Personalized feedback intervention (PFI) eCHECKUP TO GO (Generic) (R, 5, ****, 100min)	<b>ND-28</b> Personalized feedback intervention (PFI) (Generic/other) (R, 5, ****, 100min)	<b>ND-27</b> Screening and feedback to students	

- Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other
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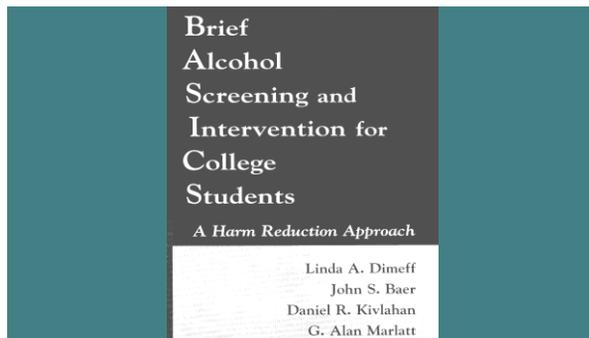
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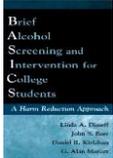
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What does it mean to "do" BASICS?



- The "AS" is the alcohol screening
  - Originally a separate in-person session
  - Subsequently achieved online, but BASICS does require a screening
- The "I" is the intervention
  - Originally a *second* in-person session guided by personalized graphic feedback
  - Personalized graphic feedback delivered online/in-print without interaction with a facilitator (PFI) is *not* BASICS
  - Intervention must be delivered with fidelity (meaning adherence to MI spirit, style, and strategies)

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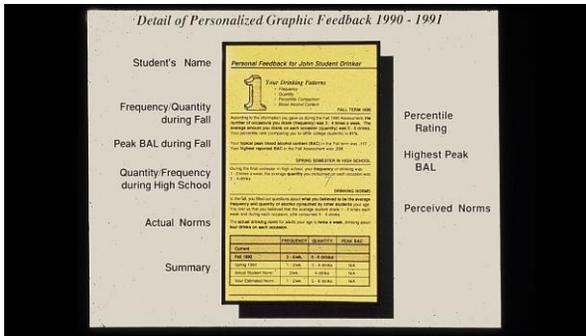
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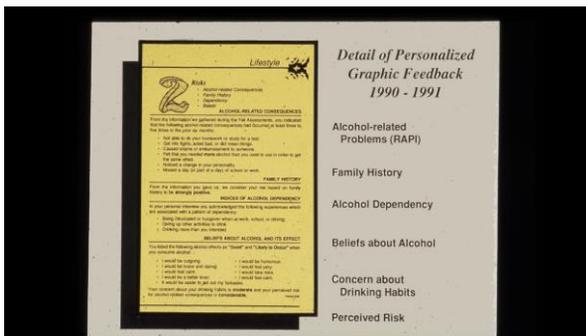
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**“Consider a mix of strategies.**

*Your best chance for creating a safer campus could come from a combination of individual- and environmental-level interventions that work together to maximize positive effects (p. 5).”*

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**This “mix” includes (but is not limited to):**



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**Implementation strategies are key**

“...the use of effective interventions on a scale sufficient to benefit society requires careful attention to implementation strategies as well. One without the other is like serum without a syringe; the cure is available, but the delivery system is not.” (p. 448)

Fixsen, D. L., Blase, K. A., Duda, M. A., Naoom, S. F., & Van Dyke, M. (2010). Implementation of evidence-based treatments for children and adolescents: Research findings and their implications for the future. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (p. 435–450). The Guilford Press

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**INDIVIDUAL-LEVEL STRATEGIES: Revised and Updated\***  
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**CCSTIS: Combined program and staff costs for adoption/implementation and maintenance**

	Lower costs \$	Mid-range costs \$\$	Higher costs \$\$\$
Higher effectiveness ***	<b>RD-3</b> Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other (R, 3, *** <i>www.aimforlife.org</i> )	<b>RD-9</b> Skills training, alcohol focus: Goal/intention-setting alone (R, 1, ** <i>PI</i> )	<b>RD-18</b> Multi-component education-focused program (MCEFP): AlcoholEdu® for College® (R, 8, *** <i>aimforlife.org</i> )
	<b>RD-10</b> Skills training, alcohol focus: Self-monitoring/self-assessment alone (R, 1, *** <i>www.aimforlife.org</i> )	<b>RD-14</b> Skills training, alcohol plus general life skills: Alcohol Skills Training Program (ASTP) (R, 1, *** <i>PI</i> )	<b>Interventions Delivered by Health Care Professionals</b> Strategies to which health care professionals identify and help patients address drinking problems and their at-risk for harm to self are already experiencing alcohol-related problems.
	<b>RD-24</b> Personalized feedback intervention (PFI): eCHECKUP TO GO (formerly, e-CHUG) (R, 8, *** <i>aimforlife.org</i> )	<b>RD-18</b> Brief motivational intervention (BMI): In-person—Individual (e.g., BASICS) (R, 1, *** <i>PI</i> )	<b>RD-27</b> Learning and behavioral feedback
		<b>RD-26</b> Personalized feedback intervention (PFI): Generic/other (R, 8, *** <i>aimforlife.org</i> )	

- Normative re-education: Electronic/mailed personalized normative feedback (PNF)—Generic/other
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- Multi-component education-focused program (MCEFP): AlcoholEdu® for College

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*An example of how a “mix of strategies” can result in a package of programs*

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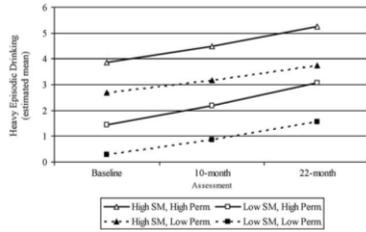
**Examining role of parents and peers**

- Fairlie, Wood, & Laird (2012) collected data during summer before starting college, 10 month follow-up (spring semester of first year), and 22 month follow-up (spring semester of second year)
- Looked at social modeling (e.g., # of close friends who drink heavily, perceived friend approval of drinking and getting drunk) and parental permissiveness



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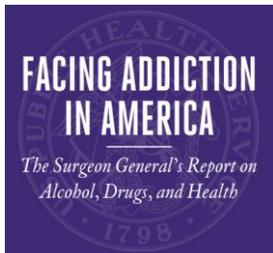
Heavy episodic drinking as a function of high or low social modeling + high or low parental permissiveness



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Moderate effectiveness ★★	<b>IND-11*</b> Skills training, alcohol focus: Decisional balance exercise alone* [a, f, **, online/offline] <b>IND-12*</b> Skills training, alcohol focus: Protective behavioral strategies alone* [a, b, **, online/offline]	<b>IND-4*</b> Normative re-education: In-person norms clarification alone* [a, f, ***, PIG] <b>IND-8</b> Skills training, alcohol focus: Expectancy challenge intervention alone* [a, b, ***, PIG] <b>IND-15</b> Skills training, alcohol plus general life skills—Parent-based alcohol communication training [a, f, ****, online/offline] <b>IND-16</b> Skills training: expectation, general life skills or general life skills only: Generacities* [a, f, ****, PIG] <b>IND-17</b> Brief motivational intervention (BMI): In-person—Group [a, f, ***, PIG] <b>IND-20*</b> Multi-component education-focused program (MCEFP): Alcohol Wiser* (contains eCHECKUP TO GO) [a, b, **, online]
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A second intervention, the *Parent Handbook*, focuses on teaching parents how and when to intervene during the critical time between high school graduation and college entry to disrupt the escalation of heavy drinking during the first year of college. The *Parent Handbook* is distributed during the summer before college, and parents receive a booster call to encourage them to read the materials. Research has found that the timing for the *Parent Handbook* is critical. If parents received it during the summer before college, it reduced the odds of students becoming heavy drinkers, but this intervention was not effective if used after the transition to college.<sup>167</sup> One study showed the combination of BASICS, and the *Parent Handbook* significantly reduced alcohol consumption among incoming college students who showed heavy rates of high school drinking.<sup>168</sup>

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#### A Randomized Clinical Trial Evaluating a Combined Alcohol Intervention for High-Risk College Students\*

RON TURRISI, MD, FACP, MARY E. LAFFRERE, MD, TASHIRREY A. HALETT, MD, EDWARD E. KRAMER, MD, FACP, JOHN R. WILSON, MD, ANDREW B. MACKENZIE, MD, STEVE SANDRANO, MD, MPH, PhD, CHRISTOPHER A. HAN, MD, MPH, MS, TYNIS W. HANFSTETTER, MD, FACP, AND DEBBY MERTENZA, MD

**Background:** High-risk parents of incoming college students are a key target for alcohol intervention. The *Parent Handbook* is a manual for parents that provides information on how to talk to their children about alcohol and how to set rules for alcohol use. The *Parent Handbook* is distributed during the summer before college, and parents receive a booster call to encourage them to read the materials. The *Parent Handbook* is a manual for parents that provides information on how to talk to their children about alcohol and how to set rules for alcohol use. The *Parent Handbook* is distributed during the summer before college, and parents receive a booster call to encourage them to read the materials.

**Objective:** The purpose of this study was to evaluate the efficacy of a combined alcohol intervention for high-risk college students. The intervention consisted of a manual for parents, the *Parent Handbook*, and a manual for students, the *Student Handbook*. The *Parent Handbook* is distributed during the summer before college, and parents receive a booster call to encourage them to read the materials. The *Student Handbook* is distributed during the summer before college, and students receive a booster call to encourage them to read the materials.

"The results suggest that the parent intervention delivered before college may serve to enhance the efficacy of BASICS, potentially priming students to the subsequent BASICS message." (Turrisi, et al. 2009, p. 563).

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## Approaching strategies with fidelity

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Implementation Fidelity is “the degree to which... programs are implemented...as intended by the program developers” (Dusenbury, et al., 2003; Carroll, et al., 2007)



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**Elements in Implementation Fidelity**  
 (Carroll, et al., 2007, page 4 of 9)

**Adherence**

- **Content**
- **Coverage**
- **Frequency**
- **Duration**

**A conceptual framework: elements and relationships**  
*Adherence*  
 Adherence is essentially the bottom-line measurement of implementation fidelity. If an implemented intervention adheres completely to the content, frequency, duration, and coverage prescribed by its designers, then fidelity can be said to be high. Measuring implementation fidelity means evaluating whether the result of the implementation process is an effective realization of the intervention as planned by its designers.

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**Elements in Implementation Fidelity**  
 (Carroll, et al., 2007, page 4 of 9)

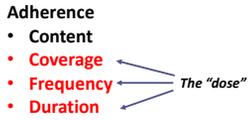
**Adherence**

- **Content**
- **Coverage**
- **Frequency**
- **Duration**

← *The “active ingredient” of the intervention*

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Elements in Implementation Fidelity  
(Carroll, et al., 2007, page 5 of 9)



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*Be aware of  
what does not  
work (or can  
even make  
things worse)*

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<p>Not effective X</p>	<p><b>IND-7</b> Skills training, alcohol focus: Expectancy challenge intervention (ECI)—By proxy/didactic/discussion alone<sup>2</sup> [R, F, **, IPG]</p>	<p><b>IND-1</b> Information/knowledge/education alone<sup>2</sup> [R, B, ****, IPG]  <b>IND-5</b> Values clarification alone<sup>2</sup> [R, F, ***, IPG]  <b>IND-6<sup>2</sup></b> Skills training, alcohol focus: Blood alcohol concentration feedback alone<sup>2</sup> [R, F, **, IP1]</p>
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[https://www.collegedrinkingprevention.gov/CollegeAIM/Resources/NIAAA\\_College\\_Matrix\\_Booklet.pdf](https://www.collegedrinkingprevention.gov/CollegeAIM/Resources/NIAAA_College_Matrix_Booklet.pdf)

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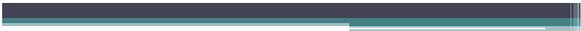
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**What can backfire and/or doesn't work  
(10 things listed, including...)**

- Mock car crashes
- Role play (e.g., Fatal Vision Goggles)

Source: Washington State Health Care Authority (HCA 84-0064, Rev. 10/2019)  
<https://theathenaforum.org/best-practices-toolkit-prevention-tools-what-works-what-doesnt>

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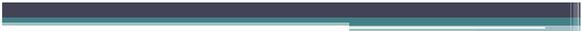
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**If generating public health or prevention content, pilot test.**

**Pilot test all of it.**

**Images, words, and making sure people understand what you're trying to communicate.**

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**Great resource from CDC:**

[https://www.cdc.gov/healthcommunication/Health\\_Equity.html](https://www.cdc.gov/healthcommunication/Health_Equity.html)

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***Avoid saying target, tackle, combat, or other terms with violent connotation when referring to people, groups, or communities.***

These terms should also be avoided, in general, when communicating about public health activities.

**Instead of this...**

- Target communities for interventions
- Target population
- Tackle issues within the community
- Aimed at communities
- Combat or fight against [disease]
- War against [disease]

**Try this...**

- Engage/prioritize/collaborate with/serve [population of focus]
- Population of focus
- Consider the needs of/Tailor to the needs of [population of focus]
- Communities/populations of focus
- Intended audience
- Eliminate/eradicate [issue/disease]
- Prevent/control spread of [disease]

[https://www.cdc.gov/healthcommunication/Key\\_Principles.html](https://www.cdc.gov/healthcommunication/Key_Principles.html)

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**Great resource from APA**

<https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>

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*Realize that  
what you do in  
prevention can  
contribute to  
student success*

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### Relationship Between Substance Use and Academic Success

- Relationship between alcohol use and sleepiness, engagement, and GPA exists in college (Singleton & Wolfson, 2009; Porter & Prior, 2007; Pascarella, et al., 2007)
- More frequent cannabis use is associated with skipping more classes, lower GPAs, and taking longer to graduate (Arria, et al., 2013, 2015; Suerken, et al., 2016)
- Students using both cannabis and alcohol at moderate to high levels have significantly lower GPAs over two years (Meda, et al., 2017)
  - Students who moderate or curtail substance use improved GPA (Meda, et al., 2017)

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*When in doubt, transform the  
narrative*

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<https://www.depts.ttu.edu/hs/csa/docs/1.pdf>

**Center for the Study of Addiction and Recovery,  
Texas Tech University (2005)**

“By ensuring their enrollment in the university, the Collegiate Recovery Community estimates retaining \$430,500.00 annually in direct tuition revenue that could potentially be lost due to relapse and subsequent dropout. (p.6)”

**REMEMBER**  
*Students with alcohol/drug problems face a greater risk of drop-out due to personal, financial, family, and legal problems. At Texas Tech University (TTU), the Center for the Study of Addiction and Recovery supports 80 of the estimated 213 addicted students seeking help on the TTU campus. By ensuring their enrollment in the university, the Collegiate Recovery Community estimates retaining \$430,500.00 annually in direct tuition revenue that could potentially be lost due to relapse and subsequent drop-out.*

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**Wrapping up**

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**Utilize your coalition  
and partners on and  
off campus**

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Some of the most effective strategies are carried out in the communities and states surrounding the campuses, such as enforcing the minimum legal drinking age. Campus leaders can be influential in bringing about off-campus environmental changes that protect students.

To achieve success off campus, partner with leaders and coalitions in your community and state. Building these partnerships takes time, so you may want to make it part of a long-term plan. For models of campus-community collaboration, see the Frequently Asked Questions section of the *CollegeAIM* website (see URL below).

CollegeAIM, page 6

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## If there's a limited budget for prevention, invest in evidence-based strategies

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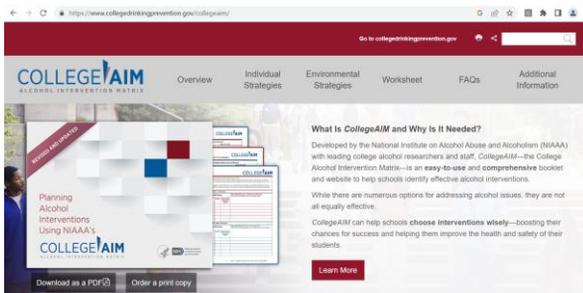
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[www.collegedrinkingprevention.gov/CollegeAIM](http://www.collegedrinkingprevention.gov/CollegeAIM)

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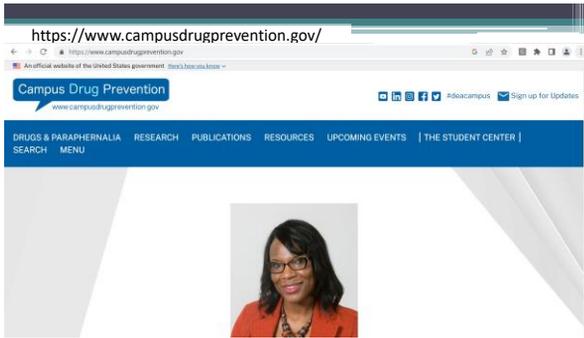
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**Suicide Prevention Resource Center Best Practices Registry**  
<http://www.sprc.org/online-library>



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**Guide to Community Preventive Services**  
<http://www.thecommunityguide.org>



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## SAMHSA's Evidence-Based Practices Resource Center <https://www.samhsa.gov/resource-search/ebp>



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## Then, implement them with fidelity

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### Possible Barriers to Implementation in Implementing Effective Interventions

- Proper training of those delivering a program
- A tendency to “reinvent” innovations (Rohrbach, D’Onofrio, Backer, & Montgomery, 1996)

Source: Larimer, Kilmer, and Lee, 2005

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**Be aware of your delivery strategies and what your campus's "mix of strategies" is**

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**And when people don't seem on board with prevention?**

**Tell the story differently.**

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**Show how what you do in one domain pays dividends elsewhere.**

**Transform the narrative to make clear why prevention matters.**

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**Because sometimes  
we just need to tell a  
story in more than  
one way to get  
people on board...**

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**Because sometimes  
we just need to tell a  
story in more than  
one way to get  
people on board...  
And you have that  
ability...**

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"When you wake up in the morning, Pooh," said Piglet at last, "what's the first thing you say to yourself?"  
"What's for breakfast?" said Pooh. "What do you say, Piglet?"  
"I say, I wonder what's going to happen exciting today?" said Piglet.



Pooh nodded thoughtfully.  
"It's the same thing," he said.

Milne (1926)

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## Thank you!

- **Jason Kilmer**
  - [jkilmer@uw.edu](mailto:jkilmer@uw.edu)
  - [@cshrb\\_uw](https://twitter.com/cshrb_uw)
- Thank you to Melissa Butler, Haley Irons, Megan Hopkins, and Linda Major

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